

SFD Dispatch Policy and Guideline Manual

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SQUAD ASSIGNMENTS FOR OUTSIDE CITY LIMITS

For EMS calls outside the city limits of Springdale, use the following as a guideline to dispatch SFD squads to rural areas.

Lowell	Squad 4 & Station 41
Bethel Heights	Squad 1 & Station 41
Tontitown	Squad 6 & Station 51
Elm Springs	Squad 4 & Cave Springs FD
Johnson – North of Main Dr	Squad 6 & Station 61
Johnson – South of Main Dr	CEMS & Station 61
Nob Hill	Squad 5 & Station 71
Sonora	Squad 5 & Station 71
Hickory Creek	Squad 5 & Station 81
Pleasure Heights	Squad 5 & Station 81
Fayetteville	Squad 6, 1, or 5

Squad 5 will respond to all calls east of Hwy 265.

If CEMS requests a SFD squad to respond to a call in east Fayetteville off of Hwy 265, dispatch Squad 5.

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DISPATCHING EMS CALLS

The order of information to give out when dispatching a call shall be the following:

1. Alert tones (toned in order of due engine response, not numeric order)
2. Units to respond
3. Type of call
4. Business / Common Name if applicable
5. Address or Intersection
6. Cross streets
7. Pause for a few seconds and repeat steps 2-6

TYPE OF CALL

When toning out units, make sure the type of call given is as specific as possible. Try to avoid general terms such as "Medical Emergency" or "Traumatic Injury". Use plain language such as "Chest Pain" or "Broken Leg" to give a more accurate description to responders.

INFORMATION GIVEN TO RESPONDING UNITS

On EMS calls, after the units announce they are responding, a very brief description of the patient information should be given. Keep this description short and limit information only to PERTINENT data. Status of breathing and level of consciousness shall always be given. Limit giving other information obtained from your EMD key questions to anything that would affect response or equipment needed on the call. If units are responding on a call and the patient has a history of that specific problem, then the information would be considered pertinent. For example, if units are responding to a complaint of chest pain and the patient has history of heart problems, this would be considered useful information for the units.

Never give the patient's name over the radio, unless a unit asks for it. Sometimes the rural responders know locations and addresses by the resident's name. If the dispatcher receives information that the patient has infectious diseases (i.e. HIV/AIDS, hepatitis, tuberculosis), inform the responding units to use Universal Precautions. If the responders need more specific information regarding the type of infectious disease, have them call dispatch by phone.

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RESCUE ASSISTS IN FMA 1

Engine 1 is the primary response unit for rescue assist calls in FMA 1. When Engine 1 is unavailable or on another assignment, Truck 1 should be assigned to rescue assist calls in FMA 1.

SCENE TIMES

To give the paramedics an idea of how much time they may be spending on a particular scene, the dispatcher should monitor CAD on scene times. The CAD may prompt the dispatcher when the announcement should be made. Once units are on the scene, scene time announcements shall be given at the ten minute mark and every five minutes hereafter. On calls reported as cardiac arrest or a trauma alert, scene times shall be announced at five minute intervals starting at the first five minute mark. On calls where Command has been established, scene times shall be directed to Command. If the squad has responded alone or no command has been established, direct the scene time information to the squad. Scene times need to be given until the units go in service or transporting, even if they have called Under Control.

UNATTENDED DEATHS

For any call reporting an unattended death, dispatch a normal medical assignment. Dispatch shall always contact the appropriate law enforcement agency to respond for their investigation.

If the squad arrives on scene and determines the patient is DOA, the scene shall be turned over to law enforcement officers. This allows the squad to return to service and clear the scene.

The county Coroner must be notified of all deaths and a representative of the Coroner's office must respond after being requested by law enforcement officers. The coroner must be requested by law enforcement to avoid conflicts during crime scene investigations. In some circumstances the squad may transport a deceased patient to the morgue.

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MEDICAL HELICOPTER RESPONSES

Springdale Fire Department EMS procedures specify criteria for requesting a medical helicopter. The paramedic in charge of the patient/incident is responsible for the decision to request a helicopter. The decision will be based on information provided from dispatch, first responders on the scene, or the paramedic's assessment on arrival. When you receive a request for a helicopter, call AIR EVAC to see if their local helicopter is available. If a local helicopter is unavailable, advise the paramedic that no local helicopter is available. When calling the helicopter for dispatch, always provide their dispatcher with as much patient information as possible. You also need to give their dispatcher information on which radio frequency their pilot needs to select to speak directly with the first responder units to obtain landing zone (LZ) information.

Air Evac – 800-AIR-EVAC

AIR EVAC helicopter is based at NWMC in Springdale. The radio designation for the local AIR EVAC helicopter is AIR EVAC 4.

When a local helicopter has launched for a scene flight, they will switch to the Springdale Dispatch frequency Fire 1 per an agreement between the helicopters and SFD. The helicopter personnel may request additional information regarding contacting the units on scene. If requested, dispatch should provide the helicopter with any additional information they may need and advise them to contact the Incident Commander for LZ information. In most situations the first responders are responsible for all LZ activities. The dispatcher may need to instruct the helicopter to use our Fire channel 2 frequency to get better reception or may need to instruct the helicopter which frequency to select to speak directly with the Incident Commander.

Any information received from AIR EVAC 4 shall be logged in the radio log or the CAD call. The CAD designation for AIR EVAC is AIR4.

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EMERGENCY ROOM DIVERSION STATUS

Occasionally the emergency room will call to let us know they are on diversion status and will be unable to accept patients. When the dispatcher receives this information, they will need to sound the Alert 1 tone for 5-9 seconds and announce: *"Attention all Springdale units, _____ is on diversion."* The dispatcher will then need to make a note in dispatch on the Hospital Diversion Log with the date and time the hospital went on diversion status along with the name of the person calling it in as well as the diversion type. A note will also need to be made for quick reference at both fire consoles. Sometimes the hospital will only be on diversion for certain patients. You will still need to make the announcement to let the units know which patients will not be accepted.

If a hospital goes on diversion during the hours of 2200-0700, do not make an announcement at that time. Upon dispatch of a squad during these hours, advise them what hospitals are on diversion when giving patient information.

When a hospital goes off of diversion the dispatcher will need to log the date, time and name of person calling in the Hospital Diversion Log. The note at both fire consoles for quick reference will also need to be erased. The dispatcher will then need to sound the Alert 1 tone for 5-9 seconds and announce: *"Attention all Springdale units, _____ is no longer on diversion."*

If a hospital goes off diversion during the hours of 2200-0700, do not make an announcement at that time. Upon dispatch of a squad during these hours, advise them what hospitals are off diversion when giving patient information (if there has been a recent change).

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POLICE DEPARTMENT REQUEST FOR RESPONSE

Occasionally on motor vehicle accidents, police officers on scene will request a squad only response for someone complaining of minor injuries. If the officer is able to give any patient information and the injuries would not require the patient to be placed on a back board, then dispatch the appropriate squad and be sure to say "PD request for squad only" in your initial dispatch. If the patient has injuries that would require them to be immobilized (i.e. neck pain), send an engine or rescue on the assignment to assist.

For any call type that a response has been requested by a police officer, state that it is a police department request in the initial dispatch. This may change the response mode for units as well as protective clothing choices.

STAGING AND SUICIDE CALLS

On calls where the scene is not safe for the ambulance and fire personnel, the dispatcher will need to advise for the units to stage for PD during initial dispatch and again while giving patient information. When units announce that they are staging, mark them on scene and log the staging information in the CAD call. When they go into the scene to make patient contact, just log them "on scene with patient" in the CAD call. This will ensure that their true response times are reflected when reports and response time statistics are compiled.

When units respond for suicide threats, include that the call only requires a code 1 response in the initial dispatch. For actual suicide attempts the response will be code 3.